CalHEERS Release 16.9
September 26, 2016

CalHEERS, also known as the online application, will be updated to version 16.9 on September 26, 2016. These release notes are intended to inform you of important changes to the functionality of the application and certified enrollment partner portals.

16.9.1: Consumer Shopping Experience & Plan Selection

The new Preview Plans and Plan Selection pages will enhance the consumer health and dental plan browsing experience. Consumers will gain the option to place a plan into their shopping cart and carry over to the application once eligibility has been determined in the CalHEERS online application.

- Previously, consumers and enrollers used the Shop and Compare tool on the Covered California website to preview plans based on household enrollment information entered into the tool. This tool, however, did not integrate with the CalHEERS application, eligibility or enrollment modules. Consumers were not navigated to the CalHEERS plan preview pages.
- Consumers had limited view into health and dental plan details when selecting a plan during the enrollment process.

The update will take the existing components from Shop and Compare and integrate them into the *Preview Plans* page in CalHEERS. Additionally, consumers will have all functions of the Shop and Compare tool available when selecting a health and dental plan during the enrollment process.

[Shop & Compare Video Walkthrough](#)

16.9.2: Consumer Transitions to Medi-Cal *"Carry Forward Status"*

Covered California eligible consumers deemed Medi-Cal eligible after a change is reported to their case will be given a "Carry Forward" status in the online application. This update is intended to address potential gaps in coverage that may result from the processing of newly eligible consumers by a County Eligibility Worker (CEW).

- Previously, CalHEERS discontinued Covered California eligibility when a consumer was deemed Medi-Cal eligible.
- Consumers were given an end of the month termination date for their Covered California coverage.
- Advanced Premium Tax Credits (APTC) and Cost Sharing Reductions (CSRs) were also discontinued at the end of the month.

This update will ensure that consumers maintain coverage, including APTC and CSRs, until their Medi-Cal eligibility is processed by a CEW.

- Consumers will receive a new notice with details on their transition from Covered California to Medi-Cal.
- The *Eligibility Results* page in the online application will display new Carry Forward Status information.
- Consumers will be given an end of the month discontinuance date once a CEW processes and approves Medi-Cal eligibility.

16.9.3: Optional Medi-Cal Coverage for Pregnant Women

The purpose of this addition is to allow pregnant women to retain their current Qualified Health Plan (QHP) or transition to an Insurance Affordability Program (IAP).

- Previously, if a woman reported a pregnancy with income between 213%-322% of the Federal Poverty Level, they are deemed Medi-Cal Access Program eligible.

With the update, pregnant women with income in this bracket will have the option to keep their Covered California coverage or transition to Medi-Cal's MCAP program. The *Individual Homepage* page will now have a link **Keep or Switch Coverage** that has been added under the *Actions* pane.

- If the **Keep or Switch Coverage** link is selected, the consumer will be navigated to the *Keep or Switch Coverage* page. This will enable a pregnant woman to switch:
    - from a Covered California plan to Medi-Cal;
    - from Covered California with premium assistance to Medi-cal Access Program (MCAP)
    - from Medi-Cal Access Program (MCAP) to Covered California plan with Advanced Premium Tax Credits.
- New snippets added to the *Eligibility Results* page to reflect this eligibility.
- The *Budget Worksheet* page will show a **QHP Pregnancy Hold Applies** indicator.
- In the event that a consumer is transitioned erroneously, there is a *Program Transition Override* page where logins with admin authority can correct.
- You will also see a new **Eligibility Evaluation** Reason Code on the *Eligibility by Person* page.

16.9.4: Auto Disenrollment Due to Verification Inconsistencies

Reasonable Opportunity Period (ROP) Batch process will automatically discontinue program eligibility and disenroll consumers in a Covered California Plan (CCP) that were re-run through the Federal Data Services Hub (FDSH) for incarceration, citizenship, lawful presence, and deceased in an Insurance Affordability Program or an unsubsidized application, that had verification pending over 95 days.

- Previously, CalHEERS did not automatically discontinue persons conditionally eligible for APTC/CSR/CCP due to verification inconsistencies.
- The **View Case History** button has been added to the *Individual Homepage* so that you are able to access case information on terminated cases.
- New snippets have been added to the *Eligibility Results* page that will reflect if the FDSH reported instances of citizenship/lawful presence/deceased or incarcerated status for a consumer seeking coverage.
- There is an update for the **Reasonable Opportunity Period** (ROP), which is the period of time granted to respond to a request for documentation/verification. It is set to 95 days from the date eligibility determined conditional eligibility.

16.9.5: Self Employment and Projected Annual Income

When income values are entered in the *Self-Employment Income* page, the application system captures the information accurately in order to calculate your **Projected Annual Income** (PAI).

- Previously, CalHEERS did not calculate and compare the Projected Annual Income (PAI) with the Current Monthly Income (CMI) amount to determine eligibility.

The additions to the *Add Self-Employment Income* page:

- **How often** dropdown added
- Net Income field: You can enter the consumer's income in this field if they advise they know how much they make.
  - **Note**: You can also use a calculator available on this screen to help determine what to enter.
- **Gross Self Employment Income** field: Income before any expenses related to Self-Employment.
- **Gross Self Employment Expenses** field: Expenses related to Self-Employment.
- **How much net income** (profits after expenses) field: Amount this consumer will get from this source.

The following text has been added to the *Income Summary* page:

- Based on your current monthly income, we have calculated your annual income to be: $
- You have stated your Projected Annual Income is: $

The following columns have been added to the table on the *Expected Income for <year>* page:

- Record Created
- Record Superseded
- For Year

The **Return to Summary** button will now be hidden on the *Employment Income and Self-Employment Income* pages when records have been modified.

16.9.6: Dental Plan Enrollment

CalHEERS Dental Plan enrollment is now similar to the current Health Plan experience. This will allow a consumer to shop for a dental plan anytime that they can shop for a health plan, combining the product shopping experiences for medical and dental plans.
- Previously, CalHEEERS Dental plan enrollment was not similar functionally to Health Plan enrollment
Features include:
- Enables voluntary terminations at the plan-type level.
- Removes **the Dental Decline** button and replaces it with the **Opt-Out of Dental Insurance** button
- Sends Updated notices to consumers

You will also notice enhancements to *the Individual Homepage* page:
- The **Select Health/Dental Plan** link will now be enabled if 1 or more adult members is CCP eligible or conditionally eligible, it is OEP, and the family has opted out of dental coverage.
- The **Change Plan** link will be disabled if the dental enrollment status is "Pending" or "Enrolled" and there is no QHP enrollment with "Pending" or "Enrolled" status.

The following changes have been made to the *Household Enrollment Introduction* page:
- Text has been added and will display if only 1 member is eligible or conditionally eligible for CCP/APTC/CSR programs OR if selecting only 1 health plan for the household:

- If you do not wish to include all family members in a dental plan, complete health plan selection first. After choosing a health plan, you will have an opportunity to select which family members to enroll in a dental plan.

- The **Choose Health & Dental Plans** button has been added which when clicked, navigates the user to the *Plan Selection* page.
- The *Dental Only Confirmation* popup (aka *Dental Only Active* popup) has been created so that consumers have to confirm that they only want dental coverage.
- The **Dental Plan Not Available** popup has been created to inform consumers that they must be enrolled in a health plan through Covered California in order to choose a different dental plan.
- The information regarding health plan renewal will not display if the system date is prior to the open enrollment period and the household can only renew their dental plan.
- The information regarding dental plan renewal has been added and will not display if the household can only renew their health plan.

The following changes have been made to the *Dental Plan Selection* page:

- The Medical Plans w/ Embedded Pediatric Coverage link has been changed from an icon to a link which, when hovered over, displays a table with health insurance plans that include children's dental coverage.
- The following revised text displays:

Dental plans are optional and do not qualify for financial assistance. Dental plans are billed separately from your health plan and will not be included in your health plan's monthly premium. There is no tax penalty if you do not enroll in a dental plan.

The following changes have been made to the *Terminate Participation* page:
- A checkbox was added next to the Program listed that allows users to terminate by plan type (i.e., health or dental).

16.9.7: Updated Consumer Consent to Share PII

The CalHEERS application has been updated to provide the consumer an opportunity to opt in or out of having their information shared for program purposes.
On the *Application Signature* page, *Application Signature for Report a Change* page and the *Signature for Renewals* page, the following changes have been made:

- The **Consent to Receive Text Messages and Calls** section has been added.
- The **Phone Number Reminder** popup has been created and will display if the primary contact clicks on the **Yes** radio button for "Click Yes to receive text messages and calls about your health care coverage" and has not provided a phone number on the *My Profile* page.

There is also an enhancement on the *Contact Information* page where the consumer can opt into receiving text messages and calls about their health care coverage.

19.9.8: Agent & CEC Portals

Integration of sort and filter capabilities, enhanced dashboard, and "My Security Profile" link.
- [Agent Portal Walkthrough](#)
- [CEC Portal Walkthrough](#)